


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91326 031 ***150.00

DOCUMENT # P02000020713 1. Entity Name A1A DRY CLEANERS & LAUNDRY, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3505 SO. KINGS RD. (US-1 NORTH) Suite, Apt. #, etc. SUITE #4 City & State CALLAHAN, FLORIDA Zip 32011-1296	3. Mailing Address P.O. BOX 1296 Suite, Apt. #, etc. City & State CALLAHAN, FLORIDA Zip 32011-1296
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DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0547766	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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<p align="center">DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent Name ISHAM, FRANCES QUINTERO Street Address (P.O.-Box Number is Not Acceptable) 3986 BOOTH ROAD, P.O. BOX 1296 City CALLAHAN FL Zip Code 32011-1296
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frances Q. Isham* **FRANCES Q. ISHAM, PRESIDENT/TREAS.** 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	PTD - ISHAM, FRANCES QUINTERO	STREET ADDRESS	
CITY-ST-ZIP	3986 BOOTH RD, P.O. BOX 1296	CITY-ST-ZIP	
	CALLAHAN, FL 32011-1296		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	VD - ISHAM, WARREN F.	STREET ADDRESS	
CITY-ST-ZIP	3986 BOOTH RD, P.O. BOX 1296	CITY-ST-ZIP	
	CALLAHAN, FL 32011-1296		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	S - BLAIR, THOMAS A.	STREET ADDRESS	
CITY-ST-ZIP	3447 JEANNIE RD, P.O. BOX 1670	CITY-ST-ZIP	
	CALLAHAN, FL 32011-1670		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Frances Q. Isham* 4-24-03 **904-879-2250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)